

promoting health so that treatment of disease won't be necessary.

As I look about the hospitals, look at governmental agencies and look at the entrenched bureaucracies I get the feeling that soon there will be regulators with no one left to *do* things.

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Relative Value of CPR

TO THE EDITOR: The article "Cardiopulmonary Resuscitation in a University Hospital, an Analysis of Survival and Cost," in the October 1979 issue, appears to state that cardiopulmonary resuscitation is effective and cheap when it is neither. Of course, cardiopulmonary resuscitation saves some lives which would otherwise be lost. On the other hand, cardiopulmonary resuscitation does a great deal of harm to an even larger number of patients. This was especially true for the 43 initial survivors who died while still in the hospital. They suffered a lingering death while their families anguished for them. When the benefit and harm are compared, cardiopulmonary resuscitation is not a very effective intervention.

The cost of cardiopulmonary resuscitation should not be minimized. All 67 initial survivors were treated in an intensive care unit, many for prolonged periods. I estimate that their care cost was over \$500,000; thus the cost resulting from the intervention is not modest.

The relative value of cardiopulmonary resuscitation is difficult to assess. Articles that mislead readers and oversimplify the problem make it even more difficult to delimit cardiopulmonary resuscitation's appropriate application.

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More on Medicaid in California

TO THE EDITOR: It is unusual for a medical journal to accept for publication a report in which conclusions are made that are directly contradicted by the data presented (Myers BA, Leighton R: Medicaid and the mainstream: Reassessment in the context of the taxpayer revolt. *West J Med* 132:550-561, Jun 1980). Perhaps a special dispensation was given to the chief executive of California's State Department of Health Services in publishing her article on Medicaid and the mainstream.

Ms. Myers claims that Medicaid's costs have

risen at an alarming rate, at such a rate that some other method of providing care must be found. Her data presented show that the opposite is true.

Conclusions based on her data would more accurately be as follows: the percentage of California's population eligible for state payment of medical care has more than doubled from 1966 to the present (up 200 percent), the percentage of tax dollars spent on medical care has risen at a much slower rate (up 136 percent), the dollar cost per eligible person has risen much slower (up 172 percent) than the rate of general inflation (over 200 percent), and the state of California has progressively penalized any physician who provides medical care for California residents whose care is paid for by governmental medical care programs.

Does Ms. Myers expect to influence the opinion of physicians or any perceptive reader by using such data as a basis for her unfounded and inaccurate conclusions? Such conclusions have only rhetorical and political value, and they should not be accepted as valid.

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Evaluation of Performance and Outcome

TO THE EDITOR: Two articles in the July 1980 issue deserve comment: one is by Paul J. Sanazaro¹ and the other is by Katon and Kleinman.² Both articles are concerned with the important question of evaluation of ourselves as doctors. They differ in that Sanazaro is using the scientific or objective approach primarily and Katon and Kleinman are employing the humanistic or subjective approach.

The appearance of the two articles in the same issue should be noticed and applauded. I would call the paper by Sanazaro, by way of metaphor, a triangle. It is constructed of straight lines; it has edges and points, and it is hard in its type of data. I would call the Katon and Kleinman article a circle: round and soft.

Are they incompatible? In a reality that is three-dimensional, they are both parts of a cone: sideways triangular, and circular from below.

Also in the July issue was an article that metaphorically demonstrates the incredibly beneficial effects of the integration of hard and soft attitudes, or, if you wish, cone-ness. I refer to A. Gerber's article "Improved Quality of Life Following a Kock Continent Iliostomy."³ The originator and